

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO. **10/030735**

FILED DATE

APPLICANT(S)

		CLAIMS					
		AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
		IND.	DEP.	IND.	DER.	IND.	DER.
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TOTAL IND.	12			4			
TOTAL DEP.	33			43			
TOTAL CLAIMS	45			47			
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TOTAL CLAIMS							

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS